



# Partners in Policymaking

## Virginia Board for People with Disabilities

### Advocacy Training Program

#### Application for Participation Background Information

<b>Applicant Name:</b>		<b>Date of App:</b>	
<b>Social Sec. No.:</b>		<b>Parent or Person with Disability:</b>	
<b>Street Address:</b>	<b>City</b>	<b>Zip:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Alternate:</b>	
<b>Email Address:</b>		<b>Occupation/Employer:</b>	
<b>Sex:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Race</b>

**Partners in Policymaking participants are people with developmental disabilities or parents of young children with developmental disabilities. Individuals participating in the program will attend advocacy training and skill building workshops. Program participants will attend and participate in 8 two-day sessions between September and May. Completion of this application and selection for the Partners in Policymaking program requires a substantial commitment of time, motivation, and energy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Definition of Developmental Disability**

(A) In general, "developmental disability" means a severe, chronic disability of an individual that:

(i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:

(I) Self-care; (II) Receptive and expressive language; (III) Learning; (IV) Mobility; (V) Self-direction; (VI) Capacity for independent living; (VII) Economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(B) Infants and young children. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses:

(i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Please include extra pages if necessary. If completing this form on electronic format or from web page, the boxes and sections will increase as your text increases. The formatting of each page will also adjust as you add text.

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**1. Tell us a little about yourself and your family.**

**2. Please tell us about your views on community inclusion and integration.**

**3. What does the word advocacy mean to you? Please give an example of how you have used this meaning.**

**4. Tell us about a time when you were creative in getting services for yourself or someone else?**

**5. Advocacy can be an ongoing process. Tell us about an experience that shows your determination.**

**6. If selected for Partners, what would you like to see change in the current service delivery system? Please be specific and give details.**

7. Tell us about your strengths and any unique experiences you've had.

8. List activities in which you regularly participate (Employment, volunteer work, community service, Board assignment, etc.)

9. Tell us about something you've done that shows you can complete a long term project and share information.

10. What do you hope to gain from Partners?

11. Are you the parent of a child with a developmental disability? ☐ Yes ☐ No

If yes:

☐ Father ☐ Mother ☐ Legal Guardian

Child's age and brief information on his or her disability(ies) and how It affects his or her activities of daily living :

12. Do you have a developmental disability (see definition on page one)?

☐ Yes ☐ No

If yes, brief information on your disability and how it affects your activities of daily living:

Does the definition of "Developmental Disability" listed on the first page of this application apply to you or your child?

☐ Yes ☐ No

If the definition of" Developmental Disability" **does not** apply to you or your child, **but there is a disability**, please describe briefly (attach additional pages if necessary):

If accepted into the Partners in Policymaking program, please mark in each blank if you can:

\_\_\_\_ Attend and participate in ALL eight two-day sessions. Each session begins Friday afternoon and concludes late Saturday afternoon.

\_\_\_\_ Complete all homework and class assignments

\_\_\_\_ Complete one major project designed to meet competencies. All of the information provided in this application is correct.

Please list three references and have each reference complete the attached letter of recommendation:

Name	Phone	email address

### Application Checklist:

Did you remember to do these things?

☐ Complete ALL sections of this application. Applications with incomplete sections and background information will **NOT** be considered.

☐ Include 3 letters of recommendation (do not mail separately).

☐ Include any additional pages.

#### Mail Completed forms to:

Partners in Policymaking  
Virginia Board for People with Disabilities  
202 North 9<sup>th</sup> Street,  
9<sup>th</sup> Street Office Building  
9<sup>th</sup> Floor  
Richmond, VA 23219

The Virginia Board for People with Disabilities must receive applications by the published deadlines. **Faxed or other electronically generated documents will not be accepted. Documents postmarked on or before the deadline but not received until a later date will not be accepted.** It is the responsibility of each applicant to ensure that applications are received by the deadline. An application hand delivered or mailed must be addressed to the Virginia Board for People with Disabilities, 202 North 9<sup>th</sup> Street, 9<sup>th</sup> Street Office Building, 9<sup>th</sup> Floor, Richmond, VA 23219.

### WE INVITE YOU TO DUPLICATE THIS APPLICATION!

Please indicate how you learned about Partners in Policymaking?

- ☐ Virginia Board Web Site ( [www.vaboard.org](http://www.vaboard.org) )
- ☐ Partners Alumni/Graduate
- ☐ Department of Rehabilitative Services (Office: \_\_\_\_\_)
- ☐ Disability Services Board/Staff
- ☐ Voices and Visions (Board quarterly newsletter)
- ☐ Center for Independent Living/Staff
- ☐ Employment Services Organization
- ☐ Community Services Board/Staff
- ☐ Other State Agency (please list): \_\_\_\_\_
- ☐ Other (please list): \_\_\_\_\_



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